

**(Application for Authority to Carry on Activities pursuant to 13-B MRSA §1202  
to accompany Application for Transfer of Authority)**

**FIRST:** The name of the corporation is \_\_\_\_\_.

**SECOND:** If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to carry on activities in the State of Maine is (If not applicable, so indicate.)

\_\_\_\_\_.

☐ Form MNPCA-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to §301-A.

**THIRD:** Its jurisdiction of incorporation is \_\_\_\_\_ and the date of incorporation is \_\_\_\_\_.

**FOURTH:** Purpose(s) it is authorized to do under the laws of its jurisdiction of incorporation: \_\_\_\_\_

\_\_\_\_\_

**FIFTH:** Does it seek authority to engage in all activities authorized in its jurisdiction and allowed by Maine Law?

☐ Yes ☐ No If no, specify activity (activities) for which authority is sought. \_\_\_\_\_

\_\_\_\_\_

**SIXTH:** Address of the registered or principal office, wherever located, is \_\_\_\_\_

\_\_\_\_\_  
(street, city, state and zip code)

**SEVENTH:** The name of its proposed Registered Agent, an individual resident in Maine or a corporation authorized to do business in Maine, and the physical location of the proposed registered office in Maine shall be:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**EIGHTH:** This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

## Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named foreign nonprofit corporation.

**REGISTERED AGENT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

### For Registered Agent which is a Corporation

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Note: If the **registered agent does not sign**, Form MNPCA-18 ([§1212.1-A](#)) must accompany this document.

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**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**